

Clinical Response to MyEndo Patient Outcome Standard Operating Procedure

V1.0

February 2025

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Data Protection Act 2018 (UK General Data Protection Regulation – GDPR) Legislation.

The Trust has a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team.

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

1. Introduction

- 1.1. This standard operating procedure (SOP) sets out the process for the Nursing Team on the Endoscopy Unit to follow when reviewing and assessing patients' suitability for their planned/anticipated procedure within the Endoscopy Unit, following the outcome from the clinician assessment from MyEndo.
- 1.2. Pre assessment in Endoscopy (using MyEndo) allows for patients to submit information about themselves onto an electronic platform that is sent to them prior to their procedure. The clinical algorithm set in the system depends on an outcome either 'complete' therefore able to go straight to procedure or 'in progress' resulting in additional preparation prior to procedure.

2. Purpose of this Standard Operating Procedure

- 2.1. This SOP will ensure that the nursing team managing the pre assessment service within endoscopy have a process to follow to enable them to appropriately pre assess patients prior to their procedure within endoscopy ensuring they are fit to proceed.
- 2.2. The aim of this SOP will ensure that the pre assessment nursing team have an escalation process to follow when patients submit information about themselves that triggers the assessment tool with a response or action that needs to be reviewed/completed prior to the patient attending for their procedure.

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- 2.3. The Joint Advisory Group (JAG) for Endoscopy stipulate that a basic practice within endoscopy is for 'high risk' patients and patients scheduled for a 'high risk' procedure are pre assessed to discuss the risks and benefits of the procedure in line with informed consent, and that this is documented (JAG accreditation Global rating scale for UK Services 2021). This SOP will ensure that our service meets this requirement for procedures that take place in the endoscopy department both at the Royal Cornwall Hospital (RCH) and at our satellite unit at West Cornwall Hospital (WCH).
- 2.4. Patients will complete their pre assessment once they have been sent a questionnaire using an electronic system called 'MyEndo'. This will be sent to the patient once they are either added to the waiting list for their procedure or once they have been given a to come in (TCI) date.
- 2.5. Once the patient has submitted their questionnaire the outcome will then be reviewed by one of the pre assessment nurses who will then determine if the patient can proceed to their procedure or if further actions are needed to ensure that the patient's procedure is completed.
- 2.6. The aim of pre assessment is to ensure that patients arriving on the endoscopy unit are prepared for their procedure and that any issues or concerns that may hinder a successful procedure are rectified prior to their arrival. This will ensure that the patient receives a high-quality experience during their time in the endoscopy department but should also support the service in reducing the number of 'Did Not Attend' (DNA) or cancellation rates on the day.
- 2.7. This should provide an explanation of the intent/purpose of the document and the rationale for its development. Where appropriate, reference should be made to statutory or legal requirements or to evidence-based good practice. An outline of the objectives and intended outcomes should be provided for the process or system being described.

3. Ownership and Responsibilities

3.1. Role of the Clinical Matron

The Clinical Matron will be responsible for:

- Ensuring that this SOP is adhered to.
- Ensuring that there is adequate nursing cover to staff the pre assessment service within the endoscopy unit.
- Ensuring that the endoscopy team have appropriately allocated time to run and manage the pre assessment services.
- Ensuring that any clinical changes that are required to the functionality or clinical algorithm are actioned, once agreed by the specialty team i.e. changes to the assessment outcomes that prompt further actions for the nursing team to follow.

- Ensuring that there is a rigorous audit process for evaluating the effectiveness of the pre assessment service.
- Monitoring the governance of the pre assessment service, including responding and managing incidents, complaints and concerns raised in relation to the pre assessment service.
- Responding within a timely manner when issues are raised by the nursing or clinical team.

3.2. Role of GOF1 (Gastroenterologist of the Fortnight)

The Consultant who is in the role of GOF1 will be responsible for:

- Responding to Registered Nurses/Nurse Associates requests to review patients' suitability to proceed for procedure that fall outside of the Clinical Trigger Action List.
- Responding to Registered Nurses/Nurse Associates requests to review patients who they deem complex and require clinician led input to ensure that a patient is suitable to attend leading to a successful procedure.

3.3. Role of the Referrer

The referrer will be responsible for:

- Ensuring that they complete all sections of the endoscopy referral request via maxims or outpatient referrals.
- Responding to any queries or questions related to the patient's endoscopy referral once completed.

3.4. Role of the Endoscopy Unit Leader

The Endoscopy Unit Leader will be responsible for:

- Overall responsibility for the running of the endoscopy pre assessment service.
- Ensuring that the pre assessment service has staff allocated to it to ensure that the service can run.
- Ensuring that the nursing team working within the pre assessment service are trained in the functionality of the MyEndo system.
- Ensuring that adherence with this SOP and the POA SOP is followed.
- Ensuring that any patients who require the pre assessment service to complete a clinician assessment is recorded accurately and logged with the clinical administration team so that the service is accurately recording their activity.

3.5. Role of the Clinical Admin Lead

The Clinical Admin Lead will be responsible for:

- Ensure that pre assessment activity is accurately recorded so that it is logged correctly for purposes of referral to treatment time.
- Ensuring that the Clinical Admin Team working within the booking service are trained in the functionality of the MyEndo system.
- Ensuring that adherence with this SOP and the POA SOP is followed.
- Ensuring that MyEndo validation process is carried out.

3.6. Role of the Clinical Admin Team

The Clinical Admin Team will be responsible for:

- Ensuring patients requiring a telephone pre assessment are booked clinic slots to enable a clinically led completion of MyEndo.
- Ensure that pre assessment activity is accurately recorded so that it is logged correctly for purposes of referral to treatment time.
- Re-schedule appointments due to clinical needs when advised by nursing team.
- Inform the nursing team if a patient that has had any clinical intervention's appointment needs to be rescheduled or cancelled.

3.7. Role of Registered Nurse/Nurse Associate

All Registered Nurses/Nurse Associates working in pre assessment are responsible for:

- Ensuring that they adhere to this SOP.
- Ensuring they understand how to use the MyEndo system and are familiar of the functionality of the system.
- Ensure that communication is timely and clinically appropriate between the patient, the clinical administration team and members of the clinical team/referrers.
- Ensuring that when a patient requires a telephone pre assessment to be completed, that this is accurately logged with the clinical administration team so that clinic slots can be arranged appropriately.
- Ensuring that they follow the Clinical Trigger Action Lists located within this SOP.

4. Standards and Practice

- 4.1. Any patients requiring follow up actions or need review by clinicians for appropriateness of procedure will have this completed within 5 working days of

their procedure being booked.

- 4.2. The pre assessment service will be operational weekdays Monday to Friday between the times of 08:00-18:30.
- 4.3. Staff will be allocated with one Registered Nurse and one Nurse Associate daily. This will be reviewed alongside the clinical activity of the endoscopy unit daily.
- 4.4. Critical staffing levels for the pre assessment service will be one Registered Nurse.
- 4.5. The pre assessment service is supported by an electronic platform called MyEndo.
- 4.6. Patients will be required to complete the questionnaire that is sent to them from MyEndo. For patients to proceed to their procedure this questionnaire will be completed in full.
- 4.7. If patients have not completed the questionnaire in full or the pre assessment nurse feels that there is information lacking, they will resend the questionnaire back to the patient through the MyEndo system asking the patient to fully complete all required questions.
- 4.8. If patients are unable to complete the pre assessment themselves and contact the pre assessment team, patients should be encouraged to seek support from their relatives or a close friend who they feel comfortable with. This will involve the pre assessment nurse explaining to the patient that they will need to send the questionnaire on to the person they are asking to support them in completing the questionnaire.
- 4.9. If patients remain unable to complete the questionnaire, then the clinical admin team will arrange a suitable time to contact the patient back to facilitate a clinician led assessment to be completed.
- 4.10. Lost Nursing time in pre-assessment will be recorded on the trust management system 'Datix'.

5. Dissemination and Implementation

- 5.1. This document will be stored in the Endoscopy Nursing Team shared file, accessible by all staff. It will also be published on the trust's intranet site so that staff from within the trust will be able to access it. On commencement and following any amendments to this SOP, an e-mail will be sent to all staff to disseminate any changes made. Any changes will also be disseminated through the specialties business and governance meeting.
- 5.2. Training will be required for the implementation of this SOP, with the pre assessment nursing team be orientated to the SOP as part of their pre assessment skills competency framework.

6. Monitoring Compliance and Effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	<p>The following Key Performance Indicators (KPI's) will be monitored to ensure the compliance of this SOP:</p> <ul style="list-style-type: none"> • Number of completed pre assessment questionnaires. • Length of time for completion of questionnaire.
Lead	Endoscopy Unit Lead.
Tool	MyEndo has a dashboard reporting system and reports from this system will be reviewed to capture the advice lines KPI's.
Frequency	<p>The KPI's will be monitored monthly, and a report will be provided for the specialty's monthly governance meeting.</p> <p>All KPI's will be reviewed annually as part of the advice lines annual review.</p>
Reporting arrangements	<p>The monthly compliance with this SOP will be provided to the Clinical Matron prior to the Gastroenterology business and governance meeting.</p> <p>The specialty gastroenterology team will be required to act upon any increase or decrease in trends/issues to guide and determine future service development.</p>
Acting on recommendations and Lead(s)	<p>Any relevant changes required because of the monthly and annual KPI reports will be undertaken by the Gastroenterology Specialty team and Clinical Matron for Specialist Services.</p> <p>Required actions will be identified and completed in a specified timeframe, as agreed by the specialty team.</p>
Change in practice and lessons to be shared	<p>Required changes to practice will be identified and actioned within eight weeks. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders.</p>

7. Updating and Review

- 7.1. This document will be reviewed at 6 months intervals for the first 12 months. It will then be reviewed three yearly thereafter. Should there be a service requirement or national update of guidance that dictates policy change sooner; the policy will be reviewed at that time.
- 7.2. Revisions can be made ahead of the review date when the procedural document requires updating. When the revisions are significant and the overall policy is changed, the author should ensure the revised document is taken through the standard consultation, approval, and dissemination processes.
- 7.3. Where the revisions are minor e.g. amended job titles or changes in the organisational structure, approval can be sought from the Executive Director

responsible for signatory approval and can be re-published accordingly without having gone through the full consultation and ratification process.

- 7.4. Any revision activity is to be recorded in the Version Control Table as part of the document control process.

8. Equality and Diversity

- 8.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the [Equality Diversity And Inclusion Policy](#) or the [Equality and Diversity website](#).

- 8.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Clinical Response to MyEndo Patient Outcome Standard Operating Procedure V1.0.
This document replaces (exact title of previous version):	New.
Date Issued/Approved:	February 2025.
Date Valid From:	February 2025.
Date Valid To:	February 2028.
Author/Owner:	Jan Crapp – Clinical Matron (Specialist Services). Lynsey Farrell – Endoscopy Unit Leader. Marek Woyton – Endoscopist.
Contact details:	01872 252113.
Brief summary of contents:	The outline for the process Registered Nurses/Nurse Associates to follow when completing pre assessment for patients within the endoscopy unit.
Suggested Keywords:	Pre assessment, Endoscopy, Gastroenterology.
Target Audience:	RCHT: Yes CFT: No CIOB ICB: No
Executive Director responsible for Policy:	Chief Medical Officer.
Approval route for consultation and ratification:	Gastroenterology Specialty Business and Governance Meeting. Specialist Services and Surgery Care Group Board Meeting. Policy Review Group.
Manager confirming approval processes:	Ian Moyle, Head of Nursing (HON), Specialist Services and Surgery (SSS).
Name of Governance Lead confirming consultation and ratification:	Michele Reed.

Information Category	Detailed Information
Links to key external standards:	None.
Related Documents:	None.
Training Need Identified:	Yes.
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet.
Document Library Folder/Sub Folder:	Gastroenterology / Endoscopy / Pre-Assessment.

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
February 2025	V1.0	Initial issue.	Jan Crapp – Clinical Matron (Specialist Services). Lynsey Farrell – Endoscopy Unit Leader. Marek Woyton – Endoscopist.

All or part of this document can be released under the Freedom of Information Act 2000.

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.

This document is only valid on the day of printing.

Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust [The Policy on Policies \(Development and Management of Knowledge Procedural and Web Documents Policy\)](#). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or group of people.

For guidance, please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity, and Inclusion Team
rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy/policy/proposal/service function to be assessed:	Clinical Response to MyEndo Patient Outcome Standard Operating Procedure V1.0.
Department and Service Area:	Specialist Services and Surgery Care Group.
Is this a new or existing document?	New.
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Lynsey Farrell – Endoscopy Unit Leader.
Contact details:	01872 252113.

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	This policy is the process that the Registered Nurses/Nurse Associates will follow to ensure that patients attending for endoscopic procedures have a completed pre assessment prior to their arrival to the unit.
2. Policy Objectives	To ensure that there is a standard process that the Registered Nurse/Nurse Associate will follow to ensure that the patient arrives on the unit prepared for their procedure. To ensure that the unit and specialty are compliant with Joint Advisory Group (JAG) Global Rating Scale standards within endoscopy.
3. Policy Intended Outcomes	Successful completion of a pre assessment questionnaire.
4. How will you measure each outcome?	Clinical Audit.

Information Category	Detailed Information
5. Who is intended to benefit from the policy?	Nursing Staff.
6a. Who did you consult with? (Please select Yes or No for each category)	<ul style="list-style-type: none"> Workforce: Yes Patients/visitors: No Local groups/system partners: No External organisations: No Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	Please record specific names of individuals/groups: Registered Nurse/Nurse Associate. Clinical Endoscopists. Consultant Gastroenterologists. JAG Global Rating Scale Standards.
6c. What was the outcome of the consultation?	Changes made to ensure compliance with national guidance in relation to Endoscopy and Gastroenterology.
6d. Have you used any of the following to assist your assessment?	National or local statistics, audits, activity reports, process maps, complaints, staff, or patient surveys: No

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	

Protected Characteristic	(Yes or No)	Rationale
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	
Religion or belief	No	
Marriage and civil partnership	No	
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment:

Lynsey Farrell – Endoscopy Unit Leader.

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:

[Section 2. Full Equality Analysis](#)

Appendix 3. MyEndo Clinical Trigger Action List - Sickle Cell Anaemia

Action No	Who	What	When
1	PA RN	Determine if patient is on the 2WW or routine/planned pathway.	Once PA assessment received.
2	PA RN	Determine if patient is having an active flare of their sickle cell (review medical records/self-declaration or contact patient).	Within 48 hours.
3	PA RN	<u>If patient is not flaring</u> Patient can proceed to 'completed' inbox. (No need to continue action list)	If no flare.
4a	PA RN	<u>If patient is flaring</u> Complete SBARD escalation to consultant to determine if procedure needs to be completed or can be rescheduled.	If flare.
4b	PA RN	Move pre assessment outcome from 'received' to 'in progress' inbox.	Whilst waiting for decision.
5	PA RN	Outcome received from clinician.	Once clinician responds.
6a	PA RN	<u>Outcome is to be rescheduled</u> Discuss with booking team outcome and request procedure to be rescheduled (No need to continue action list).	When decision received.
6b	PA RN	<u>Outcome is proceed</u> Request full blood count on ICE.	When decision received.
5	PA RN	Contact the patient to request that they attend their GP practice prior to procedure to complete blood test.	When decision received.
6	PA RN	Inform booking team via e-mail to ensure patient is placed at beginning of list.	When decision received.

Action No	Who	What	When
7	PA RN	Move patient from 'in progress' to 'completed' inbox by approving for procedure in MyEndo. Ensure the pre assessment has been exported to maxims by clicking the blue export button on the right hand of the screen.	Once plan is documented in nurse review notes. All actions completed.
Related Policies			
<ul style="list-style-type: none"> Care Pathway for Patients Presenting with Acute Sickle Crisis Clinical Guideline Document Link . 			

Appendix 4. MyEndo Clinical Trigger Action List - Jehovah Witness

Action No	Who	What	When
1	PA RN	Note that patient has disclosed they are a Jehovah Witness.	Once PA assessment received.
2	PA RN	Document on the MyEndo Timeline that patient is a Jehovah Witness.	On receipt.
3	PA RN	Move patient from 'received' to 'completed' inbox by approving for procedure in MyEndo. Ensure the patients pre assessment has been exported to maxims by clicking the blue export button on the right hand of the screen.	All actions completed.
Related Policies			
<ul style="list-style-type: none"> Blood and Blood Product Refusal Policy Document Link 			

Appendix 5. MyEndo Clinical Trigger Action List - Anti-Coagulation Therapy

Action No	Who	What	When
1	PA RN	Reviews completed PA outcome noting patient has disclosed that they are on anticoagulation therapy.	Once PA assessment received.
2	PA RN	Nurse reviews PA outcome and maximises referral to determine the procedure that the patient is due to attend for and if any advice has been given on the referral in relation to anti coagulation therapy.	Once PA assessment received.
3	PA RN	If no advice given on referral nurse determines using trust 'Management of Patients Taking Anticoagulants in Endoscopy Clinical Guideline' whether patient is attending for a low risk or high risk of bleeding procedure. The nurse also determines the risk of stopping anti-platelets/ anticoagulants.	Once PA assessment received.
4	PA RN	Patients requiring a bridging plan Patients with documented bridging plan refer back to GP with referral attached and request prescription for patient of bridging plan	Once PA assessment received.
5a	PA RN	For patients without a bridging plan complete SBARD escalation to clinician for clear bridging.	Once PA assessment received.
5b	PA RN	Move pre assessment outcome from 'received' to 'in progress' inbox.	Whilst waiting for decision.
5c	PA RN	Once bridging plan completed, refer to GP with referral attached, SBARD outcome of bridging plan and request prescription for patient of bridging plan	When decision made.
5d	PA RN	Nurse determines which advise to give to patient and contacts the patient to advise them of what they need to do in relation to their anticoagulation therapy.	When decision made
6	PA RN	Nurse documents on the MyEndo Timeline and nursing notes the anticoagulation plan.	When decision made.

Action No	Who	What	When
7	PA RN	Moves patient from 'in progress' inbox to 'completed' inbox by approving for procedure in MyEndo. Ensure the patients pre assessment has been exported to maxims by clicking the blue export button on the right hand of the screen.	Once plan is documented in nurse review notes. All actions completed.
Related Policies			
<ul style="list-style-type: none"> • Management Of Patients Taking Anticoagulants in Endoscopy Clinical Guideline - Document Link • BSG Guidelines for the management of patients on P2Y12 receptor antagonist antiplatelet agents undergoing endoscopic procedures. • BSG Guidelines for the management of patients on warfarin or Direct Oral Anticoagulants (DOAC) undergoing endoscopic procedures. 			

Appendix 6. MyEndo Clinical Trigger Action List - Haemophilia

Action No	Who	What	When
1	PA RN	Patient discloses on pre assessment that they have haemophilia.	Once PA assessment received.
2	PA RN	E-mail Haemophilia team. Complete SBARD template to them informing that patient is due for procedure.	Once PA assessment received.
3	PA RN	Move pre assessment outcome from 'received' to 'in progress' inbox.	While waiting for reply.
4	PA RN	Ensure any actions from haemophilia team are completed.	When reply received.
5	PA RN	Nurse documents on the MyEndo Timeline the actions from haemophilia team.	When reply received.
6	PA RN	E-mail booking team asking to inform pre assessment if they must move or book patients TCI date.	When reply received.
7	PA RN	Moves patient from 'in progress' inbox to 'completed' inbox by approving for procedure in MyEndo. Ensure the patients pre assessment has been exported to maxims by clicking the blue export button on the right hand of the screen.	Once plan is documented in nurse review notes. All actions completed.
Related Policies			
<ul style="list-style-type: none"> Primary Haemostatic Disorders - Haemophilia and Related Conditions - Clinical Guideline - Document Link. 			

Appendix 7. MyEndo Clinical Trigger Action List - CJD Status or risk

Action No	Who	What	When
1	PA RN	Determine if patient is on the two-week wait (2WW) or routine/planned pathway.	Once PA assessment received.
2	PA RN	Patient discloses that they have or are 'at increased risk' of CJD, vCJD or other human prior diseases.	Once PA assessment received.
3	PA RN	Pre-Assessment nurse reviews patient's referral to determine if biopsies or trans nasal endoscopy is required.	Once PA assessment received.
4	PA RN	Pre-Assessment nurse reviews 'Patients who are Symptomatic or at increased risk of transmissible Creutzfeldt-Jakob disease (CJD) Policy' specifically section 6.7 in relation to precautions required for these patients.	Once PA assessment received.
5	PA RN	Move pre assessment outcome from 'received' to 'in progress' inbox.	While waiting for review to be completed.
4	PA RN	E-mail booking team to book the appointment last on the list and asking to inform pre assessment once they have booked a TCI.	Reviews are completed.
5	PA RN	Nurse to inform Decontamination date, time and that the patient is an increased risk' of CJD, vCJD or other human prior diseases.	On Receipt of TCI date.
6	PA RN	Document on the MyEndo Timeline that patient has or is 'at increased risk' of CJD, vCJD or other human prior diseases.	Once plan is documented in nurse review notes.
7	PA RN	Moves patient from 'in progress' inbox to 'completed' inbox by approving for procedure in MyEndo. Ensure the patients pre assessment has been exported to maxims by clicking the blue export button on the right hand of the screen.	All actions completed.

Action No	Who	What	When
Related Policies			
<ul style="list-style-type: none"> Management of Patients who are Symptomatic or at increased risk of transmissible Creutzfeldt-Jakob disease (CJD) Policy. 			

Appendix 8. MyEndo Clinical Trigger Action List - Patients who had excessive bleeding

Action No	Who	What	When
1	PA RN	Determine if patient is on the 2WW or routine/planned pathway.	Once PA assessment received.
2	PA RN	Review referral or medical records to see if this is confirmed.	Once PA assessment received.
3	PA RN	For patients with confirmed bleeding that is the reason for the procedure being requested – move pre assessment outcome' to 'complete.	Once PA assessment received.
4a	PA RN	For patients with bleeding which is unconfirmed and is not linked to the reason for the procedure being requested contact GOF1 using SBAR-D for recommendations.	Once PA assessment received.
4b	PA RN	Move pre assessment outcome from 'received' to 'in progress' inbox.	Once request has been made.
4c	PA RN	Pre assessment nurse contacts patient once recommendations received from GOF1 and will action any recommendations received.	Once recommendation received.
5	PA RN	Pre-assessment nurse to Document on the MyEndo Timeline if that the patient has been informed to carry out addition requests ie blood test.	Once plan is documented in nurse review notes.
	PA RN	Move patient from 'received' to 'completed' inbox by approving for procedure in MyEndo. Ensure the patients pre assessment has been exported to maxims by clicking the blue export button on the right hand of the screen.	All actions completed.

Appendix 9. MyEndo Clinical Trigger Action List - Anaemia

Action No	Who	What	When
1	PA RN	Determine if patient is on the 2WW or routine/planned pathway.	Once PA assessment received.
2	PA RN	Review referral or medical records to see if Anaemia is confirmed.	Once PA assessment received.
3	PA RN	For patients referred for known anaemia check both and OGD and Colonoscopy has been requested. Check to see if the procedure has already been carried out. If it has not been requested and procedure has not been carried out, email referring clinician asking for a referral to be made. If DTT email vetting clinician.	Once PA assessment received.
4	PA RN	Pre assessment nurse to check medications. If the patient is taking iron tablets the pre assessment nurse will inform the patient to omit iron tablets 7 days prior to the TCI	Once PA assessment received.
5	PA RN	Pre assessment nurse to email booking to inform then the patient requires 7 days' notice prior to their TCI date due to medication.	If Taking Iron Medication.
6	PA RN	Document on the MyEndo Timeline that the patient has been informed to omit iron for 7days prior to procedure.	Once PA assessment received.
7	PA RN	Move patient from 'received' to 'completed' inbox by approving for procedure in MyEndo. Ensure the patients pre assessment has been exported to maxims by clicking the blue export button on the right hand of the screen.	Once plan is documented in nurse review notes. All actions completed.
Related Policies			
<ul style="list-style-type: none"> Non-Identified. 			

Appendix 10. MyEndo Clinical Trigger Action List - Diabetes Medication

Action No	Who	What	When
1	PA RN	Note that patient is a known diabetic and is on medication.	Once PA assessment received.
2a	PA RN	If patient has been given a TCI date, check time of procedure. Patients with diabetes will need to be placed at the beginning of a morning list. If this is the case, then no further action is required.	Once PA assessment received.
2b	PA RN	If the patient has been given a TCI date and their procedure is not booked at the beginning of a morning list – e-mail endoscopy booking team requesting that they move the patient to the beginning of a morning list due to their diabetes.	Once PA assessment received.
3	PA RN	If the patient has not been given a TCI date - e-mail endoscopy booking team requesting that they move the patient to the beginning of a morning list due to their diabetes.	Once PA assessment received.
4	PA RN	Move patient from 'received' to 'completed' inbox by approving for procedure in MyEndo. Ensure the patients pre assessment has been exported to maxims by clicking the blue export button on the right hand of the screen.	All actions completed.
Related Policies			
<ul style="list-style-type: none"> Management of Adult Patients with Diabetes Mellitus during Surgery or Elective Procedures Clinical Guideline. 			

Appendix 11. MyEndo Clinical Trigger Action List – Epilepsy/ Parkinson Medication

Action No	Who	What	When
1	PA RN	Note that patient is on Epilepsy or Parkinsons Medication.	Once PA assessment received.
2	PA RN	Review referral to determine rationale for procedure.	On receipt.
3	PA RN	Contact patient to determine timings of medication.	On receipt.
4	PA RN	Advise patient that medication can continue to be taken with a small sip of fluid at least 2 hours prior to the procedure. Advise patient to ensure that they bring Epilepsy or Parkinson's medication with them so that if there are any delays with their procedure, they can ensure that there is no delay to them taking their Parkinson medication.	On receipt.
4a	PA RN	Move pre assessment outcome from 'received' to 'in progress' inbox.	Only if unable to contact patient.
5	PA RN	Document on the MyEndo Timeline rationale and advice given to patient.	Once plan is documented in nurse review notes.
6	PA RN	Moves patient from 'received' to 'completed' inbox by approving for procedure in MyEndo. Ensure the patients pre assessment has been exported to maxims by clicking the blue export button on the right hand of the screen.	All actions completed.
Related Policies			
<ul style="list-style-type: none"> Parkinson's Disease – Management of Inpatients Clinical Guideline - Document Link 			

Appendix 12. MyEndo Clinical Trigger Action List - Mobility

Action No	Who	What	When
1	PA RN	Determine if patient is on the 2WW or routine/planned pathway.	Once PA assessment received.
2	PA RN	Nurse to review information and determine if further information is required.	On receipt.
3	PA RN	If no further action is required move patient from 'received' to 'completed' inbox by approving for procedure in MyEndo.	
4	PA RN	If the patient states that they are immobile or limited to bed or chair nurse to contact patient to explore if any equipment/manual handling aids are required.	On receipt.
5a	PA RN	If manual handling aids are required, establish if patient has their own, they can bring with them.	On receipt.
5b	PA RN	If manual handling aids are required and the unit will need to ensure that they have them ready on the day of test – document on MyEndo timeline information regarding aids required etc. Also ensure that the booking team are contacted so a note can be placed on the scheduling system alerting the team of the need for equipment on arrival.	On receipt.
6	PA RN	If patients are unable to lie flat/ left lateral position, contact patient to explore this, if the nurse feels the patient will be able to tolerate then the patient can proceed. document on MyEndo timeline rational for proceeding.	On receipt.
7	PA RN	Move patient from 'received' to 'completed' inbox by approving for procedure in MyEndo. Ensure the patients pre assessment has been exported to maxims by clicking the blue export button on the right hand of the screen.	Once plan is documented in nurse review notes.

Action No	Who	What	When
8	PA RN	If patients are unable to lie flat/ left lateral position but following contact the nurse is unable to determine if the patient is able to attend, refer back to referrer, complete SBARD Template to inform them of reasons the patient is unable to proceed and recommend alternative procedure if appropriate.	On receipt.
9	PA RN	Move pre assessment outcome from 'received' to 'in progress' inbox.	While waiting for reply.
10	PA RN	Inform the patient and the bookings team of the decision.	When receiving the reply.
11	PA RN	Move patient out of "in progress" in box and fill timeline. As procedure isn't going ahead the assessment will need to be binned.	Once plan is documented in nurse review notes.
Related Policies			
<ul style="list-style-type: none"> Moving and Handling of Patients and Inanimate Loads Policy Document Link. 			

Appendix 13. MyEndo Clinical Trigger Action List- Learning Disability

Action No	Who	What	When
1	RN PA	Determine if patient is on the 2WW or routine/planned pathway.	Once PA assessment received.
2	RN PA	Nurse to review information and determine if further information is required.	Once PA assessment received.
3	RN PA	If the patient is on a 2WW pathway and the patient has disclosed a 'Learning Disability' contact the bowel 2WW to establish if a consent 4 has been completed if a consent 4 has not been completed complete SBARD Template to request this to be completed.	Once PA assessment received.
4a	RN PA	If the patient is routine/planned pathway PA RN to contact the Learning Disability team, complete SBARD Template to request (if required) a consent 4 is completed.	Once PA assessment received.
4b	RN PA	Moves patient from 'received' to 'completed' inbox by approving for procedure in MyEndo. Ensure the patients pre assessment has been exported to maxims by clicking the blue export button on the right hand of the screen.	All actions completed.
Related Policies			
<ul style="list-style-type: none"> Care of Children and Adult Patients with a Learning Disability Policy - Document Link CHA4375: Hospital Passport for people with Learning Disabilities. Document Link 			

Appendix 14. A Guide to Using MyEndo

To access the MyEndo application click on the MyEndo icon and log in.



- 1.1. The screen should open on to **assessment**. There will be a list of patients on this page.
- 1.2. There is a drop-down menu on your left-hand side. This should be on **received**.
- 1.3. Click on either **TCI** or **updated**. This will give you the priority order, the pre assessment nurses will work off the TCI date first.
- 1.4. Click on to patient name. This will open on to **summary**.
- 1.5. Now open patient on maxims and find the endoscopy referral
- 1.6. Click on to **assessment**.
- 1.7. On the left-hand side of the page are **suggested tasks** for this patient. This will assist you in pre-assessing any interventions. These should be reviewed alongside the Clinical Trigger Action Lists included in this SOP. See Appendices 3.
- 1.8. Click on each of them. If any nursing interventions are needed, click on **incomplete**. If any of the tasks are not needed, then click on **unnecessary**. Click on **complete** only if when reading through the assessment you can rectify the problem straight away. If unable to complete any of the tasks, fill in the clinical notes and then move patients' assessment to **pending nurse review** by clicking on **add tag**.
- 1.9. Return to summary and fill in **Timeline**. Any interventions with this patient please record in the timeline so other PA nurses will be able to see your progress with this patient. The timeline with MyEndo will record nursing actions that have been attempted or are progressing to facilitate moving the patient to the completed stage so they can progress for their procedure.
- 1.10. If you can complete patient assessment, click on to **Documents**.
- 1.11. Click on tag **approved for procedure** and press blue **export** button, right hand of the screen. This sends the assessment to maxims.
- 1.12. To get back to the list of patients click on **Assessments**.

Appendix 15. MyEndo Terminology

RECEIVED: List of patients who have filled in their assessment.

EXPECTED: List of patients who have received MyEndo but haven't filled it in yet.

IN PROGRESS: List of patients who are waiting for further investigations before being forwarded for test. There may also be patients in there from bookings who have had their TCI date changed, please check as they wouldn't have been pre-assessed by us.

ARCHIVED: List of patients awaiting to be archived. This should be done by admin once procedure has been done.

BIN: This usually used by booking team, prior to us getting list of patients.

ACTIONS: This is a blue tab, right hand side of screen you can only see it when you have the assessment open. This used when you need to send assessment back to patient.

TIMELINE: Enter your investigating progress here this helps other staff see how far you are with that patient.